

Grant Application
SC Organic Certification Assistance Program

1. Name and Address

Name of Organization _____

Address _____

Phone _____

Fax _____

Contact Person _____

Amount of Grant
Funds Requested _____

2. Describe your organic farm and the crops you intend to produce _____

Signature _____

Date _____

Mail or fax this form, the W-9 form, a copy of receipts or cancelled checks and a copy of a certificate from an USDA accredited certifying agency to the following address:

South Carolina Department of Agriculture
SC Organic Certification Assistance Program
P. O. Box 11280
Columbia, SC 29211
Phone: 803/734-2210
Fax: 803/734-2192